



REQUIRED DOCUMENTATION FOR APPLICANTS FOR APPROVAL AS NEW OPIOID TREATMENT PROGRAMS

State Form 52686 (6-06) / CS 0024

DIVISION OF MENTAL HEALTH AND ADDICTION INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

402 West Washington Street, Room W353

Indianapolis, IN 46204-2739

Telephone: (317) 232-7800

Fax number: (317) 233-3472

INSTRUCTIONS:

Applicants for approval as new opioid treatment programs (OTPs) must submit this form to provide the information and documentation requested by the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA).

GENERAL INFORMATION

Legal name of applicant entity

DBA name of entity (if different)

Employer Federal Identification Number

Organization structure of applicant entity (please check one only)

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Private non-profit

☐

Private for-profit

Location address for main business office of applicant entity (Note: a post office box is not considered a location) (number and street)

City, state, ZIP code, and county

Telephone number

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Fax number

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E-mail or internet address

Mailing address of applicant entity (if different from location address)(number and street or post office box number, city, state, and ZIP code)

Designate a county for which new OTP approval is being sought: _____

DOCUMENTATION

I. Demonstrate that the county for which new OTP approval is sought has a population of 40,000 or more and that there is no other provider of opioid treatment in the county.

Response:

DOCUMENTATION *(continued)*

II. Provide proof of Regular certification as an addiction services provider. Include a copy of the Facility Facts Record, the Certification Letter from DMHA, and the Certificate indicating the period of certification.

Response:

DOCUMENTATION (continued)

III. Demonstrate experience in providing addiction treatment services, specifically highlighting any previous opioid addiction treatment services. Preference will be given to providers with a minimum of two years' experience in addiction treatment services. Relevant information includes types of previous addiction treatment services provided, location where addiction treatment services have been provided, and length of time addiction treatment services have been provided.

Response:

DOCUMENTATION (continued)

III. Document local support for establishing a new OTP in the county in which approval is sought. Include, for example, information and documentation concerning: holding of focus groups, other public meetings and other public awareness initiatives; and letters of endorsement from local government officials, local drug-related coalitions, local health officials, and local health care provider organizations.

Response:

DOCUMENTATION (continued)

V. Provide a clear description of how the OTP will be established and the services it will provide. Include a description of a comprehensive range of clinical assessment, rehabilitation and treatment services utilizing methadone and other medications approved by the federal government for the detoxification and maintenance of persons addicted to opioids.

[illegible]

DOCUMENTATION *(continued)*

VI. Provide a needs assessment for the county for which new OTP approval is being sought utilizing a broad range of sources, including scientific literature and local, regional, state and federal sources. The needs assessment must demonstrate the need for an opioid treatment program in the county and must specifically discuss:

- The extent of a heroin or other opioid problem in the county;
- The extent of a need for a heroin or other opioid treatment program in the county; and
- The extent of the impact of the heroin or other opioid problem on individuals and society in the county.

Response:

Signature of individual with signature authority

Date of signature *(month, day, year)*

RETURN THIS FORM AND ALL ATTACHMENTS TO THE ADDRESS ON THE FACE OF THE FORM.